

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Reginald

First name

Davis

Last name

Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Reginald

First name

V

Middle name

Davis

Last name

Reginald

First name

Vandale

Middle name

Davis

Last name

First name

Middle name

Last name

First name

Middle name

Last name

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

XXX - XX - 6 9 9 9

OR

9 XX - XX - \_\_\_\_\_

XXX - XX - \_\_\_\_\_

OR

9 XX - XX - \_\_\_\_\_

Debtor 1 Reginald Davis  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

I have not used any business names or EINs.

I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

If Debtor 2 lives at a different address:

*RD*  
2009 Birchwood Avenue

Number Street

Chicago IL 60645

Cook  
County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain.  
(See 28 U.S.C. § 1408.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1 Reginald  
First Name Davis  
Middle Name   
Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

*R* **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

*X* **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No

Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 Reginald  
First Name Davis  
Middle Name   
Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No

Yes. What is the hazard? \_\_\_\_\_  
\_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_  
\_\_\_\_\_

Where is the property?

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

Reginald

First Name

Middle Name

Davis

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Reginald  
First Name Davis  
Middle Name   
Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

No. I am not filing under Chapter 7. Go to line 18.

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No  
 Yes

18. How many creditors do you estimate that you owe?

1-49  
 50-99  
 100-199  
 200-999

1,000-5,000  
 5,001-10,000  
 10,001-25,000

25,001-50,000  
 50,001-100,000  
 More than 100,000

19. How much do you estimate your assets to be worth?

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

\$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

20. How much do you estimate your liabilities to be?

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

\$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

**Part 7: Sign Below**

For you

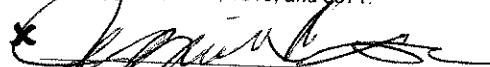
I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

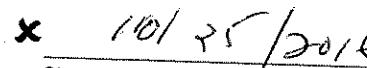
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.



Signature of Debtor 1

Executed on 10/25/2016  
MM / DD / YYYY



Signature of Debtor 2

Executed on 10/25/2016  
MM / DD / YYYY

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X**

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1 Reginald  
First Name Davis  
Middle Name   
Last Name

Case number (if known) \_\_\_\_\_

**For you if you are filing this bankruptcy without an attorney**

**If you are represented by an attorney, you do not need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

No  
 Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

  
Signature of Debtor 1  
10/25/2016

  
Signature of Debtor 2

Date 10/25/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

Contact phone \_\_\_\_\_

Contact phone \_\_\_\_\_

Cell phone 773-425-8568

Cell phone \_\_\_\_\_

Email address RVD4965@gmail.com

Email address \_\_\_\_\_

**REGINALD DAVIS CREDITOR'S MAILING MATRIX**

ALLIED INTERSTATE  
3000 CORPORATE EXCHANGE DR  
5<sup>TH</sup> FLOOR  
COLUMBUS, OH 43231

AMERICAN ACCOUNTS & ADVISERS, INC.  
7460 80<sup>TH</sup> ST S  
COTTAGE GROVE, MN 55016

ASSET ACCEPTANCE, LLC  
P.O. BOX 2036  
WARREN, MI 48090-2036

AT&T  
ATTENTION BANKRUPTCY DEPARTMENT  
1801 VALLEY VIEW LANE  
FARMERS BRANCH, TX 75234

ATTORNEY ARNOLD SCOTT HARRIS, P.C.  
111 WEST JACKSON BLVD., STE #600  
CHICAGO, IL 60604-4135

CAPITAL MANAGEMENT SERVICES, LP  
698 ½ SOUTH OGDEN ST.  
BUFFALO, NY 14206-2317

CAPITAL ONE BANK USA NA  
PO BOX 30281  
SALT LAKE CITY, UT 84130

CAPITAL ONE SERVICES, LLC  
C/O BANKRUPTCY DEPARTMENT  
P.O. BOX 30285  
SALT LAKE CITY, UT 84130-0285

CBCS  
PO BOX 163250  
COLUMBUS OH 43216-3250

CITIBANK  
PO BOX 6500  
SIOUX FALLS, SD 57117

CITY OF CHICAGO  
DEPARTMENT OF FINANCE  
P.O. BOX 88292  
CHICAGO IL 60680-1292

CITY OF CHICAGO  
BANKRUPTCY DEPARTMENT  
111 WEST JACKSON STREET  
CHICAGO IL 60604

CONVERGENT OUTSOURCING, INC.  
800 SW 39TH ST  
RENTON, WA 98057

COOK COUNTY HEALTH & HOSPITALS  
P.O. BOX 70121  
CHICAGO, IL 60673-5698

COOK COUNTY DEPARTMENT OF REVENUE  
111 WEST JACKSON #600  
CHICAGO, IL 60604

COUNTY OF COOK, ILLINOIS  
DEPARTMENT OF ADMINISTRATIVE HEARINGS  
118 N CLARK ST., ROOM#1140  
CHICAGO, IL 60602

DIRECT TV  
C/O BANKRUPTCY DEPARTMENT  
PO BOX 6550  
GREENWOOD COLORADO 80155-6550

ENHANCED RECOVERY CORPORATION  
PO BOX 57547  
JACKSONVILLE, FL 32241

ENHANCED RESOURCE CENTER  
8014 BAYBERRY ROAD  
JACKSONVILLE, FL 32256

FIGIS  
P.O. BOX 77001  
MADISON, WI 53707-1001

FIRST NATIONAL COLLECTION BUREAU  
610 WALTHAM WAY  
MCCARRIN, NV 89434

GALAXY ASSET PURCHASING, LLC  
PO BOX 673008  
MARIETTA, GA 30006

HARRIS & HARRIS, LTD.  
111 WEST JACKSON BLVD.  
SUITE #400  
CHICAGO, IL 60604-4134

HEARTLAND HEALTH OUTREACH INC  
1015 WEST LAWRENCE AVENUE  
CHICAGO, IL 60640-5017

IC SYSTEM  
444 HIGHWAY 96 EAST  
PO BOX 64378  
ST. PAUL, MN 55164

ILLINOIS DEPARTMENT OF REVENUE  
BANKRUPTCY DEPARTMENT  
PO BOX 64338  
CHICAGO, IL 60664-0338

JOHN H STROGER JR.  
COOK COUNTY HEALTH & HOSPITALS  
PO BOX 70121  
CHICAGO, IL 60673-5698

KOTTARAS, JAMES, ESQ.  
180 WEST WASHINGTON  
CHICAGO, IL 60602

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP  
ATTORNEYS AT LAW  
PO BOX 06152  
CHICAGO, IL 60606-0152

LVNV FUNDING, LLC  
PO BOX 10497  
GREENVILLE, SC 29603

MASON EASY-PAY  
PO BOX 2808  
MONROE, WI 53566-8008

MERCHANTS CREDIT GUIDE CO.  
223 W. JACKSON BLVD.  
SUITE #700  
CHICAGO, IL 60606

MIDLAND CREDIT MANAGEMENT, INC.  
8875 AERO DRIVE  
SUITE 200  
SANDIEGO, CA 92123

MIDNIGHT VELVET  
1112 7<sup>TH</sup> AVENUE  
MONROE, WI 53566-1364

MIDWEST IMAGING PROFESSIONALS  
PO BOX 3223831  
PITTSBURGH, PA 15250-7863

MINNEAPOLIS RADIOLOGY  
2800 CAMPUS DR  
STE 10  
PLYMOUTH, MN 55441-2669

MINTEX  
800 WEST FIFTH AVENUE  
SUITE 100A  
NAPERVILLE, IL 60563-4966

NAVIENT  
PO BOX 9500  
WILKES BARRE, PA 18773

NORTHLAND GROUP, INC.  
PO BOX 390846  
MINNEAPOLIS, MN 55439

NORTH MEMORIAL HEALTH CARE  
PO BOX 1640  
MINNEAPOLIS, MN 55480-1640

OAK FOREST HEALTHCARE  
15900 SOUTH CICERO AVE.  
OAK FOREST, IL 60452

PENN CREDIT  
916 S 14<sup>TH</sup> STREET  
HARRISBURG, PA 17108-0988

PEOPLES ENERGY  
200 E. RANDOLPH  
CHICAGO, IL 60601

PHOENIX MANAGEMENT SYSTEMS  
PO BOX 3972  
MINNEAPOLIS, MN 55403-0972

PUBLISHERS CLEARING HOUSE  
PO BOX 6344  
HARLAN, IA 51593-1844

RAPID RECOVERY/FIGIS  
3200 SOUTH CENTRAL AVENUE  
MARSHFIELD, WI 54404

TRANSWORLD SYS INC/09  
PO BOX 17205  
WILMINGTON, DE 19850

TRISTAN & CERVANTES, ESQ.  
PEDRO CERVANTES  
30 WEST MONROE STREET #630  
CHICAGO, IL 60603

VAN RU CREDIT CORPORATION  
1350 E. TOUHY AVENUE, #300E  
DES PLAINES, IL 60618-3342

MARK WUBBOLDING  
393 ADDISON  
RIVERSIDE, IL 60546

<b>Fill in this information to identify your case:</b>		
Debtor 1	First Name	Davis
	Middle Name	
Debtor 2 (Spouse, if filing)	First Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

**Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*..... \$ 0.00

1b. Copy line 62, Total personal property, from *Schedule A/B*..... \$ 892.00

1c. Copy line 63, Total of all property on *Schedule A/B*..... \$ 892.00

#### Part 2: Summarize Your Liabilities

**Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*..... \$ 0.00

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*..... \$ 309.37

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*..... + \$ 39,111.84

**Your total liabilities** \$ 39,111.84

#### Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*..... \$ 1,630.08

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of *Schedule J*..... \$ 1,385.00

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,993.33

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ \_\_\_\_\_

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 309.37

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ \_\_\_\_\_

9d. Student loans. (Copy line 6f.) \$ 2,413.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ \_\_\_\_\_

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ \_\_\_\_\_

9g. **Total.** Add lines 9a through 9f. \$ 2,722.37



Debtor 1	Reginald	Davis	Case number (if known)
	First Name	Middle Name	Last Name
1.3. Street address, if available, or other description		<p><b>What is the property?</b> Check all that apply.</p> <p><input type="checkbox"/> Single-family home  <input type="checkbox"/> Duplex or multi-unit building  <input type="checkbox"/> Condominium or cooperative  <input type="checkbox"/> Manufactured or mobile home  <input type="checkbox"/> Land  <input type="checkbox"/> Investment property  <input type="checkbox"/> Timeshare  <input type="checkbox"/> Other _____</p>	
City	State	ZIP Code	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.
County			Current value of the entire property? Current value of the portion you own?
		\$ _____	\$ _____
<p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p> <p>Other information you wish to add about this item, such as local property identification number: _____</p>			
<p>2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. → \$ _____</p>			
<p><b>Part 2: Describe Your Vehicles</b></p> <p><b>Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.</b></p>			
<p>3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles</p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>			
3.1. Make: _____		<p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	
Model: _____	Year: _____	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Approximate mileage: _____	Other information: _____	Current value of the entire property?	Current value of the portion you own?
		\$ _____	\$ _____
<p>If you own or have more than one, describe here:</p>			
3.2. Make: _____		<p><b>Who has an interest in the property?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this is community property (see instructions)</p>	
Model: _____	Year: _____	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Approximate mileage: _____	Other information: _____	Current value of the entire property?	Current value of the portion you own?
		\$ _____	\$ _____

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information: \_\_\_\_\_  
 \_\_\_\_\_

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here** \_\_\_\_\_

→ \$ 0.00

Debtor 1 Reginald Davis  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No

Yes. Describe..... A microwave and a toaster

\$ 25.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe..... Two old 32" tube televisions, an old stereo, cd's, dvd's

\$ 250.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

\$ \_\_\_\_\_

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

\$ \_\_\_\_\_

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

\$ \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe..... pants, shirts, underwear, two jackets, two suits, a winter coat, and shoes

\$ 600.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

\$ \_\_\_\_\_

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here**

\$ 875.00

Debtor 1 **Reginald Davis**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes .....

Cash: ..... \$ 17.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes .....

Institution name: \_\_\_\_\_

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes .....

Institution or issuer name: \_\_\_\_\_

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

Name of entity:	% of ownership:	\$
_____	0% %	\$ _____
_____	0% %	\$ _____
_____	0% %	\$ _____

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately. Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_ \$ \_\_\_\_\_  
Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes ..... Institution name or individual:

Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
Security deposit on rental unit: \_\_\_\_\_ \$ \_\_\_\_\_  
Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
Water: \_\_\_\_\_ \$ \_\_\_\_\_  
Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes ..... Issuer name and description:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 **Reginald Davis** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

\_\_\_\_\_ \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information.

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value. ....

Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information. ....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No

Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**

No

Yes. Give specific information. ....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 17.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.

Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**

No

Yes. Describe. ....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe. ....

\$ \_\_\_\_\_

Debtor 1 Reginald Davis  
First Name Middle Name Last Name  
Case number (if known) \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

No

Yes. Describe.....

\$ \_\_\_\_\_

**41. Inventory**

No

Yes. Describe.....

\$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures**

No

Yes. Describe..... Name of entity: \_\_\_\_\_

% of ownership:

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

\_\_\_\_\_ %

\$ \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\$ \_\_\_\_\_

**44. Any business-related property you did not already list**

No

Yes. Give specific information .....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** →

\$ \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\$ \_\_\_\_\_

Debtor 1 **Reginald Davis**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**48. Crops—either growing or harvested**

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No  
 Yes.....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

No  
 Yes.....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

\$ **0.00**

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2** → \$ **0.00**

**56. Part 2: Total vehicles, line 5** \$ **0.00**

**57. Part 3: Total personal and household items, line 15** \$ **875.00**

**58. Part 4: Total financial assets, line 36** \$ **17.00**

**59. Part 5: Total business-related property, line 45** \$ **0.00**

**60. Part 6: Total farm- and fishing-related property, line 52** \$ **0.00**

**61. Part 7: Total other property not listed, line 54** + \$ **0.00**

**62. Total personal property. Add lines 56 through 61.** \$ **892.00** Copy personal property total → + \$ **892.00**

**63. Total of all property on Schedule A/B. Add line 55 + line 62.**

\$ **892.00**

Fill in this information to identify your case:		
Debtor 1	Reginald	Davis
	First Name	Middle Name
Debtor 2 (Spouse, if filing)		Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Brief description: <u>household items</u>	\$ 25.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B</i> : <u>6</u>			
Brief description: <u>electronics</u>	\$ 250.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B</i> : <u>7</u>			
Brief description: <u>clothes</u>	\$ 600.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Line from <i>Schedule A/B</i> : <u>11</u>			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 Reginald Davis  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Fill in this information to identify your case:

Debtor 1	Reginald	Davis
	First Name	Middle Name
	Last Name	
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known)		

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1

Describe the property that secures the claim:

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
\$ _____	\$ _____	\$ _____

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2	Creditor's Name	\$ _____	\$ _____	\$ _____
-----	-----------------	----------	----------	----------

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Who owes the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

Fill in this information to identify your case:		
Debtor 1	Reginald	Davis
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name
Last Name		
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
--	-------------	-----------------	--------------------

2.1	Illinois Department of Revenue Priority Creditor's Name	Last 4 digits of account number	6 9 9 9	\$ 309.37	\$ 309.37
	Bankruptcy Section Number Street PO Box 64338	When was the debt incurred?	01/01/2013		
	Chicago IL 60664 City State ZIP Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.2	Priority Creditor's Name Number Street	Last 4 digits of account number	_____	\$ _____	\$ _____
	City State ZIP Code	When was the debt incurred?			
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
	Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known): \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

AT&T

Nonpriority Creditor's Name

1801 VALLEY VIEW LANE

Number Street

FARMERS BRANCH

TX

75234

City

Last 4 digits of account number 3 4 1 7

Total claim \$ 164.00

When was the debt incurred? 12/01/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Phone/cable bill

4.2

Capital One Bank USA NA

Nonpriority Creditor's Name

PO Box 30281

Number Street

Salt Lake City

UT

84130

City

Last 4 digits of account number 2 1 8 0

\$ 2,510.73

When was the debt incurred? 09/01/2005

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

4.3

Capital Once Services, LLC

Nonpriority Creditor's Name

PO Box 30285

Number Street

Salt Lake City

UT

84130

City

Last 4 digits of account number 4 1 5 0

\$ 441.72

When was the debt incurred? 09/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify credit card

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim \_\_\_\_\_

<p><b>4.4</b></p> <p><u>Capital One Services, LLC</u>  <small>Nonpriority Creditor's Name</small></p> <p><u>PO Box 30285</u>  <small>Number Street</small></p> <p><u>Salt Lake City</u> <u>UT</u> <u>84130</u>  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 4 8 9</u> \$ <u>662.20</u></p> <p>When was the debt incurred? <u>09/01/2015</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of <b>NONPRIORITY</b> unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p>
<p><b>4.5</b></p> <p><u>Citibank</u>  <small>Nonpriority Creditor's Name</small></p> <p><u>PO Box 6500</u>  <small>Number Street</small></p> <p><u>Sioux Falls</u> <u>SD</u> <u>57117</u>  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 8 2 5</u> \$ <u>2,227.49</u></p> <p>When was the debt incurred? <u>01/01/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of <b>NONPRIORITY</b> unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>credit card</u></p>
<p><b>4.6</b></p> <p><u>City of Chicago</u>  <small>Nonpriority Creditor's Name</small></p> <p><u>111 West Jackson Street</u>  <small>Number Street</small></p> <p><u>Chicago</u> <u>IL</u> <u>60604</u>  <small>City State ZIP Code</small></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>9 0 8 8</u> \$ <u>400.00</u></p> <p>When was the debt incurred? <u>05/22/2013</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of <b>NONPRIORITY</b> unsecured claim:</p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>parking violation</u></p>

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.7**

City of Chicago  
 Nonpriority Creditor's Name  
111 West Jackson Street  
 Number Street  
Chicago IL 60604  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number P 7 4 4

\$ 1,903.20

When was the debt incurred? 01/31/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify vehicle sticker & parking violatio

**4.8**

Cook County Health & Hospitals  
 Nonpriority Creditor's Name  
PO Box 70121  
 Number Street  
Chicago IL 60673  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 1 2 2 4

\$ 291.00

When was the debt incurred? 09/30/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

**4.9**

Cook County Health & Hospitals  
 Nonpriority Creditor's Name  
PO Box 70121  
 Number Street  
Chicago IL 60673  
 City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number 3 6 4 9

\$ 18,873.46

When was the debt incurred? 10/07/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4-10**  
**Cook County Health & Hospitals**  
 Nonpriority Creditor's Name  
 PO Box 70121  
 Number Street  
 Chicago IL 60673  
 City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 2 9 5 3

\$ 1,457.00

When was the debt incurred? 09/20/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bills

**4-11**  
**Cook County, State of Illinois**  
 Nonpriority Creditor's Name  
 118 N Clark Street, Room #1140  
 Number Street  
 Chicago IL 60602  
 City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 9 4 9 5

\$ 277.95

When was the debt incurred? 01/31/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify vehicle registration

**4-12**  
**Direct TV**  
 Nonpriority Creditor's Name  
 PO Box 6550  
 Number Street  
 Greenwood CO 80155  
 City State ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 2 5 1 2

\$ 597.67

When was the debt incurred? 11/01/2014

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify cable and contract cancellation

Debtor 1

Reginald

First Name

Davis

Middle Name

Last Name

Case number (if known)

**Part 2:  
NONPRIORITY UNSECURED CLAIMS**

**Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4-13

Figis

Nonpriority Creditor's Name

PO Box 77001

Number Street

Madison

WI

53707

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 1 9 8 2

\$ 154.96

When was the debt incurred? 07/10/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify retail credit

4-14

Heartland Health Outreach Inc.

Nonpriority Creditor's Name

1015 West Lawrence Avenue

Number Street

Chicago

IL

60640

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 6 9 9 9

\$ 485.18

When was the debt incurred? 01/14/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

4-15

Mason Easy-Pay

Nonpriority Creditor's Name

PO Box 2808

Number Street

Monroe

WI

53566

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 3 6 0 2

\$ 279.39

When was the debt incurred? 01/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify retail credit

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.16**

Midnight Velvet

Nonpriority Creditor's Name

1112 7th Avenue

Number Street  
Monroe WI 53566  
 City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 6 5 5 0

\$ 203.92

When was the debt incurred? 01/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify retail credit

**4.17**

Midwest Imaging Professionals

Nonpriority Creditor's Name

PO Box 3223831

Number Street  
Pittsburgh PA 15250

City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 1 1 2 5

\$ 40.00

When was the debt incurred? 01/21/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

**4.18**

Minneapolis Radiology

Nonpriority Creditor's Name

2800 Campus Drive, STE #10

Number Street  
Plymouth MN 55441

City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 9 3 1 9

\$ 25.00

When was the debt incurred? 11/15/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.1**

**NAVIENT**

Nonpriority Creditor's Name

PO Box 9500

Number Street

Wilkes Barre

PA

18773

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 6 9 9 9

\$ 2,413.00

When was the debt incurred? 01/25/2008

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Student loan

**4.2**

**4.20**

**North Memorial Healthcare**

Nonpriority Creditor's Name

PO Box 1640

Number Street

Minneapolis

MN

55480

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 3 8 3 5

\$ 1,181.59

When was the debt incurred? 09/14/2013

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify medical bill

**4.21**

**Peoples Energy**

Nonpriority Creditor's Name

200 East Randolph

Number Street

Chicago

IL

60601

City

State

ZIP Code

**Who incurred the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number 6 2 6 2

\$ 646.97

When was the debt incurred? 11/19/2011

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify old electric bill

Debtor 1 Reginald Davis  
First Name Middle Name Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

**4.22**

**Publishers Clearing House**  
Nonpriority Creditor's Name

**PO Box 6344**  
Number Street

**Harlan IA 51593**  
City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** 1 8 4 4 **\$** 50.41

**When was the debt incurred?** 01/01/2015

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify publication

**4.23**

**WUBBOLDING, MARK**  
Nonpriority Creditor's Name

**393 Addison**  
Number Street

**Riverside IL 60535**  
City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number**        **\$** 3,825.00

**When was the debt incurred?** 08/01/2012

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify failure to pay rent

**4.24**

**Nonpriority Creditor's Name**

**Number Street**

**City IL 60535**  
State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this claim is for a community debt

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number**        **\$**       

**When was the debt incurred?**       

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Allied Interstate

Name \_\_\_\_\_

3000 Corporate Exchange Drive, 5th FL

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Columbus

OH 43231

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 2 1 8 0

Arnold Scott Harris, P.C.

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

111 West Jackson BLVD

Number Street \_\_\_\_\_

Suite #600

Chicago IL 60604

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 6 9 9 9

American Accounts & Advisers, Inc.

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Cottage Grove

MN 55016

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 2 7 5 9

Asset Acceptance, LLC

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

PO Box 2036

Number Street \_\_\_\_\_

Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Warren

MI 48090

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 0 2 0 5

Capital Management Services, LP

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

698 1/2 South Ogden ST

Number Street \_\_\_\_\_

Line N/A of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Buffalo

NY 14206

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 5 6 1 0

CBCS

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

PO Box 163250

Number Street \_\_\_\_\_

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Columbus

OH 43216

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 6 0 3 8

Convergent Outsourcing, Inc.

Name \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

800 SW 39TH ST

Number Street \_\_\_\_\_

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Renton

WA 98057

City State ZIP Code \_\_\_\_\_

Last 4 digits of account number 6 2 1 9

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Convergent Outsourcing, Inc.

Name

800 SW 39TH STREET

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.15 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Renton WA 98057

City State ZIP Code

Last 4 digits of account number 0 0 6 0

Enhanced Recovery Corporation

Name

PO Box 57547

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Jacksonville FL 32241

City State ZIP Code

Last 4 digits of account number 4 6 0 4

First National Collection Bureau

Name

610 Waltham Way

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

McCarrin NV 89434

City State ZIP Code

Last 4 digits of account number 3 5 1 2

Galaxy Asset Purchasing, LLC

Name

PO Box 673008

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line N/A of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Marietta GA 30006

City State ZIP Code

Last 4 digits of account number 5 6 1 0

Harris & Harris

Name

111 West Jackson BLVD.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

STE #400

City State ZIP Code

Line 4.21 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Chicago IL 60604

City State ZIP Code

Last 4 digits of account number 8 8 6 6

IC SYSTEM

Name

444 Highway 96 East

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

St. Paul MN 55164

City State ZIP Code

Last 4 digits of account number 1 9 8 2

Linebarger, Goggan, Blair & Sampson, LLP

Name

PO Box 06152

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Chicago IL 60606

City State ZIP Code

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 0 8 8

Debtor 1 Reginald Neal  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Linebarger, Goggan, Blair & Sampson, LLP

Name

PO Box 06152

Number Street

Chicago IL 60606  
 City State ZIP Code

LVNV Funding, LLC

Name

PO Box 10497

Number Street

Greenville SC 29603  
 City State ZIP Code

Merchants Credit Guide Co.

Name

223 West Jackson Blvd.

Number Street

Suite # 700

Chicago IL 60606  
 City State ZIP Code

Midland Credit Management, Inc.

Name

8875 Aero Drive

Number Street

Suite #200

San Diego CA 92123  
 City State ZIP Code

Mintex

Name

800 West Fifth Avenue

Number Street

Suite # 100A

Naperville IL 60563  
 City State ZIP Code

Northland Group, Inc.

Name

PO Box 390846

Number Street

Minneapolis MN 55439  
 City State ZIP Code

Oak Forest Healthcare

Name

15900 South Cicero Avenue

Number Street

Oak Forest IL 60452  
 City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number P 7 4 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 4 4 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 1 2 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 8 2 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 0 5 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 1 8 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 2 2 4

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Oak Forest Healthcare

Name  
15900 South Cicero Avenue  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Oak Forest IL 60452  
 City State ZIP Code

Last 4 digits of account number 3 6 4 9

Oak Forest Healthcare

Name  
15900 South Cicero Avenue  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Oak Forest IL 60452  
 City State ZIP Code

Last 4 digits of account number 2 9 5 3

Penn Credit

Name  
916 S 14th Street  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Harrisburg PA 17108  
 City State ZIP Code

Last 4 digits of account number 5 1 0 0

Phoenix Management Systems

Name  
PO Box 3972  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Minneapolis MN 55403  
 City State ZIP Code

Last 4 digits of account number 5 6 7 8

Phoenix Management Systems

Name  
PO Box 3972  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Minneapolis MN 55403  
 City State ZIP Code

Last 4 digits of account number 5 5 7 4

Rapid Recovery

Name  
3200 South Central Avenue  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.13 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Marshfield WI 54404  
 City State ZIP Code

Last 4 digits of account number 1 9 8 2

Transworld Sys

Name  
PO Box 17205  
 Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Wilmington DE 19850  
 City State ZIP Code

Last 4 digits of account number 2 5 1 2

Debtor 1 Reginald Davis

First Name Middle Name

Last Name

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

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Name Tristan & Cervantes,

Number Street

30 West Monroe St., #630

City Chicago State IL ZIP Code 60603

Name Van Ru Credit Corp. Collections

Number Street

Suite # 300E

City Des Plaines State IL ZIP Code 60618

Name

Number Street

City  State  ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 4 9 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.16 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 5 5 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claims  
from Part 1

6a. Domestic support obligations  
6b. Taxes and certain other debts you owe the government  
6c. Claims for death or personal injury while you were intoxicated  
6d. Other. Add all other priority unsecured claims.  
Write that amount here.

**Total claim**

6a. \$ \_\_\_\_\_  
6b. \$ 309.37  
6c. \$ \_\_\_\_\_  
6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ 309.37

Total claims  
from Part 2

6f. Student loans  
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
6h. Debts to pension or profit-sharing plans, and other similar debts  
6i. Other. Add all other nonpriority unsecured claims.  
Write that amount here.

**Total claim**

6f. \$ 2,413.00  
6g. \$ \_\_\_\_\_  
6h. \$ \_\_\_\_\_  
6i. + \$ 36,698.84

6j. Total. Add lines 6f through 6i.

6j. \$ 39,111.84

<b>Fill in this information to identify your case:</b>		
Debtor	Reginald	Davis
	First Name	Middle Name
		Last Name
Debtor 2 (Spouse if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?  
 No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

#### Person or company with whom you have the contract or lease

#### State what the contract or lease is for

2.1	Name
	Number Street
	City State ZIP Code
2.2	Name
	Number Street
	City State ZIP Code
2.3	Name
	Number Street
	City State ZIP Code
2.4	Name
	Number Street
	City State ZIP Code
2.5	Name
	Number Street
	City State ZIP Code

Fill in this information to identify your case:		
Debtor 1	Reginald	Davis
	First Name	Middle Name
		Last Name
Debtor 2		
(Spouse, if filing)	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known) _____		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

3.1

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

3.3

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	First Name <b>Reginald</b>	Middle Name	Last Name <b>Davis</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Illinois			
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.	Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Occupation	Caregiver
Occupation may include student or homemaker, if it applies.	Employer's name	Belmont Village, LP
	Employer's address	8554 Katy Freeway Number Street Suite #200
		Number Street
		City State ZIP Code
How long employed there?	5/13/2016	
	5/13/2016	

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>1,993.33</u>	\$ _____
3. Estimate and list monthly overtime pay.	3. + \$ <u>0.00</u>	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. <span style="border: 1px solid black; padding: 2px;">\$ 1,993.33</span>	\$ _____

Debtor 1	Reginald	Davis	Case number (if known)
First Name	Middle Name	Last Name	
Copy line 4 here.....			For Debtor 1 For Debtor 2 or non-filing spouse
➔ 4. \$ 1,933.33			\$ _____
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 363.25	\$ _____	
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____	
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____	
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____	
5e. Insurance	5e. \$ _____	\$ _____	
5f. Domestic support obligations	5f. \$ _____	\$ _____	
5g. Union dues	5g. \$ _____	\$ _____	
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 363.25	\$ _____	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,630.08	\$ _____	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm	8a. \$ _____	\$ _____	
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			
8b. Interest and dividends	8b. \$ _____	\$ _____	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c. \$ _____	\$ _____	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			
8d. Unemployment compensation	8d. \$ _____	\$ _____	
8e. Social Security	8e. \$ _____	\$ _____	
8f. Other government assistance that you regularly receive	8f. \$ _____	\$ _____	
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.			
Specify: _____	8f. \$ _____	\$ _____	
8g. Pension or retirement income	8g. \$ _____	\$ _____	
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ _____	\$ _____	
10. Calculate monthly income. Add line 7 + line 9.	10. \$ 1,630.08	+	\$ _____ = \$ _____
11. State all other regular contributions to the expenses that you list in Schedule J.			
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.			
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.			
Specify: _____	11. + \$ _____	0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.			
Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 1,630.08		
13. Do you expect an increase or decrease within the year after you file this form?			
<input checked="" type="checkbox"/> No.			
<input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1	Reginald	Davis
	First Name	Middle Name
Debtor 2		Last Name
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses  
 4. \$ 600.00

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$ 0.00  
 4b. \$ 0.00  
 4c. \$ 0.00  
 4d. \$ 0.00

Debtor 1 Reginald Davis  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

		<b>Your expenses</b>
<b>5.</b>	<b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$ <u>0.00</u>
<b>6. Utilities:</b>		
6a.	Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b.	Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>70.00</u>
6d.	Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7.</b>	<b>Food and housekeeping supplies</b>	7. \$ <u>200.00</u>
<b>8.</b>	<b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
<b>9.</b>	<b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>25.00</u>
<b>10.</b>	<b>Personal care products and services</b>	10. \$ <u>50.00</u>
<b>11.</b>	<b>Medical and dental expenses</b>	11. \$ <u>0.00</u>
<b>12.</b>	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
<b>13.</b>	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>50.00</u>
<b>14.</b>	<b>Charitable contributions and religious donations</b>	14. \$ <u>50.00</u>
<b>15.</b>	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$ <u>0.00</u>
15b.	Health insurance	15b. \$ <u>40.00</u>
15c.	Vehicle insurance	15c. \$ <u>0.00</u>
15d.	Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16.</b>	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
<b>17.</b>	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b.	Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c.	Other. Specify: _____	17c. \$ <u>0.00</u>
17d.	Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18.</b>	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
<b>19.</b>	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
<b>20.</b>	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. \$ <u>0.00</u>
20b.	Real estate taxes	20b. \$ <u>0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e.	Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Reginald Davis  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: Student Loan

21. +\$ 100.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 1,385.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 1,385.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1,630.08

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 1,385.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ 245.00

The result is your monthly net income.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	<u>Reginald</u>	<u>Davis</u>
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	<u></u>	<u></u>
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (If known)	<u></u>	

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
Signature of Debtor 1

Signature of Debtor 2

Date 10/25/2016  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY

<b>Fill in this information to identify your case:</b>		
Debtor 1	Reginald	Davis
	First Name	Middle Name
		Last Name
Debtor 2 (Spouse, if filing)		
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: Northern District of Illinois		
Case number (if known)		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

Same as Debtor 1

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

Number Street  
From \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_  
To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No

Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 **Reginald Davis**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
<b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Sources of income</b> Check all that apply.
<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$ 6,868.23	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		
<b>For last calendar year:</b> (January 1 to December 31, _____) YYYY	\$ 17,685.63	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b> (January 1 to December 31, _____) YYYY	\$ 14,514.21	<input type="checkbox"/> Wages, commissions, bonuses, tips
	<input type="checkbox"/> Operating a business	<input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	<b>Debtor 1</b>	<b>Debtor 2</b>
<b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Sources of income</b> Describe below.
		<b>Gross income from each source</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>For last calendar year:</b> (January 1 to December 31, _____) YYYY	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>For the calendar year before that:</b> (January 1 to December 31, _____) YYYY	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Number Street	City	State	ZIP Code	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1 Reginald  
 First Name Middle Name Davis Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
<u>Case title</u> <u>Cook County, a body p/c</u> <u>Reginald Davis</u> <u>Case number</u> <u>RT269495</u>	<u>In the County of Cook</u> <u>Department of</u> <u>Administrative Hearings.</u> <u>For an old unpaid car tag</u> <u>Court Name</u> <u>County of Cook</u> <u>Number Street</u> <u>Chicago</u> <u>IL</u> <u>City</u> <u>State</u> <u>ZIP Code</u>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<u>Case title</u> _____ <u>Case number</u> _____	<u>Court Name</u> _____ <u>Number Street</u> _____ <u>City</u> _____ <u>State</u> _____ <u>ZIP Code</u> _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
<u>Creditor's Name</u> _____ <u>Number Street</u> _____ <u>City</u> _____ <u>State</u> _____ <u>ZIP Code</u> _____		\$ _____
<u>Explain what happened</u> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
<u>Creditor's Name</u> _____ <u>Number Street</u> _____ <u>City</u> _____ <u>State</u> _____ <u>ZIP Code</u> _____		\$ _____
<u>Explain what happened</u> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Reginald  
 First Name Reginald Middle Name  Last Name Davis

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Describe the action the creditor took			Date action was taken	Amount
Creditor's Name _____				
Number	Street	\$ _____		
City	State	ZIP Code	Last 4 digits of account number: XXXX- _____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____  _____  Number Street _____		_____	\$ _____
City _____ State _____ ZIP Code _____  Person's relationship to you _____		_____	\$ _____
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____  _____  Number Street _____		_____	\$ _____
City _____ State _____ ZIP Code _____  Person's relationship to you _____		_____	\$ _____

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
			\$ _____
Number Street			
City	State	ZIP Code	

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Number Street			\$ _____
City	State	ZIP Code	\$ _____
Email or website address			\$ _____
Person Who Made the Payment, If Not You			

Debtor 1 Reginald Davis Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**  
Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid				\$ _____
Number Street				\$ _____
City State ZIP Code				\$ _____

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Description and value of property transferred			Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer				
Number Street				
City State ZIP Code				
Person's relationship to you _____				
Person Who Received Transfer				
Number Street				
City State ZIP Code				
Person's relationship to you _____				

Debtor 1 **Reginald Davis** Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

No  
 Yes. Fill in the details.

Description and value of the property transferred		Date transfer was made
Name of trust _____	_____	
_____	_____	

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____ XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street _____ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Name of Financial Institution _____ XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
Number Street _____ _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
City _____ State _____ ZIP Code _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

No  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____ Name _____	Number Street _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street _____ _____	City _____ State _____ ZIP Code _____	
City _____ State _____ ZIP Code _____		

Debtor 1 **Reginald Davis**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____	
Number Street	Number Street	_____	
		City State ZIP Code	_____
City	State	ZIP Code	_____

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending
Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Business Name	Number Street	Name of accountant or bookkeeper	EIN: _____
City State ZIP Code			Dates business existed
Describe the nature of the business			From _____ To _____
Business Name	Number Street	Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
City State ZIP Code			EIN: _____
Describe the nature of the business			Dates business existed
Business Name	Number Street	Name of accountant or bookkeeper	From _____ To _____
City State ZIP Code			

Debtor 1	Reginald First Name	Davis Middle Name	Last Name	Case number (if known)
<b>Describe the nature of the business</b>				<b>Employer identification number</b> Do not include Social Security number or ITIN.
Business Name				EIN: _____
Number Street		Name of accountant or bookkeeper		Dates business existed
				From _____ To _____
City _____ State _____ ZIP Code _____				

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY  
Number Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
Signature of Debtor 1

Date 10/25/2016

  
Signature of Debtor 2

Date \_\_\_\_\_

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).